



Town of Holbrook  
Board of Health  
50 North Franklin Street  
Holbrook, Massachusetts 02343

Tel: 781-767-3030  
Fax: 781-767-9562

**Application for Septic Installer Permit**

Fee: \$200 --- Make checks payable to the Town of Holbrook

In accordance to M.G.L. c. 111 Section 31B and 31B and 310 CMR 15.402 the undersigned makes an application to the Board of Health for permission to remove and replace on site sewer treatment systems as well as construct new systems.

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

List number and type of equipment, their capacity- volume and tonnage, and the date of the last vehicle inspection: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than an approved facility, in the removal or replacement of an onsite sewage disposal system.

Furthermore, pursuant to M.G.L. Chapter 62C, Section 49, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State taxes required under the law.

Please sign below,

\_\_\_\_\_